## PART B - FEE(S) TRANSMITTAL

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c/o VISTA IP L 1885 LUNDY A	7590 08/11 ERNATIONAL C AW GROUP LLP AVENUE	I hei State	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SUITE 108 San Jose, CA 95	5131			(Depositor's name)			
			_				(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET N	1O.	CONFIRMATION NO.
10/084,880	10/084,880 02/27/2002		Nina Lewis		OID 2000-083-01		
APPLN. TYPE	SMALL ENTITY	I EM FOR MANAGEME.	NT OF ACCESS INFORM  PUBLICATION FEE DUE	ATION PREV. PAID ISSUE	FEE TOTAL FEE(S)	DITE	DATE DUE
nonprovisional	NO NO	\$1510	\$0	\$1400	\$1510	DOL	11/12/2010
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EXAMINER		ART UNIT	CLASS-SUBCLASS				
GANDHI, DIPAKKUMAR B 2117  1. Change of correspondence address or indication of "Fee Address"		2117	726-026000  2. For printing on the p.				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	f a single firm (having as a member a rney or agent) and the names of up to tent attorneys or agents. If no name is			
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	tified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY REDWOOD S	ntent. If an assigned assignment.  and STATE OR Co	OUNTRY)	the docu	ument has been filed for
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent): $\Box$	Individual 🛚 Co	rporation or other priva	te group	entity 🖵 Government
			<ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501105 (enclose an extra copy of this form).</li> </ul>				
5. Change in Entity Sta  a. Applicant claim	tus (from status indicate as SMALL ENTITY statu	,	☐ b. Applicant is no long	ger claiming SMAL	L ENTITY status. See	37 CFR	1.27(g)(2).
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